

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/446545		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1										
2		1									
3		2									
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TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	10						TOTAL DEP.				
TOTAL CLAIMS	12						TOTAL CLAIMS				